

HAZARDOUS WASTE PICK UP FORM
Send completed forms to CBARS, 5346 Charlotte

If **you** have questions or problems in the completion of this form, please review the instruction sheet for this **form** or call CBARS, **235-1642** for help.

FOR CBARS USE ONLY: DT _____ BY _____ H: _____ F# _____ TAG# _____ TO _____

Date: _____ Department/School Name: _____

Waste generators name: _____ Telephone: _____

Print name of person authorizing charges and pick up: _____

Signature of person authorizing charges and pick up: _____

Account Name to be charged: _____ Account Number: _____

location of waste for pick up: Bldg: _____ Room: _____ Other: _____

If waste requires immediate attention, please explain: _____

Example: You have five glass bottles of benzene, each containing 4 liters. You have determined no future need for the material and add them to a Waste Pick Up Form on 1/1/96. Note: If you have the same type of waste but a different volume or weight in each container, then list each container separately.

Waste Name(s) If mixed , list all known and the concentration.	Volume (L) or Weight (Kg)	Container		Characteristic					Date Declared Waste
		Type	# of	To	Re	Ig	Co	In	
EX Benzene	20 L	GB	5	x		X			1/1/96
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Waste Name(s) If mixed, list all known and the concentration.	Volume (L) or Weight (Kg)	Container		Characteristic					Date Declared Waste
		Type	# of	To	Re	Ig	Co	In	
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									

HM TAG## LIF: HM NAME:
F#, I#, LM: BLDG: DEPT:
ROOM: AUTH to PU:
DECLRD-WST DT: BY/PU:
NFPA: HMIS: HWS?: MIX?: ANALYSIS DATE:
EPA/DNR#: UNITS: CONTR: FP: LDR: YDATE:
QTY: RGN:
COMMENTS:

MD# UN# RQ: ERGUIDE# SHIP DT:
DRUM#: DRUMS\$: STRIPS\$: STRIPS\$: DISP DT:
WARNING:

CAS:

RTECS:

MOLFM:

SYNS:

TREATMT STD. REF:

TREATMT CODE:

<p>HAZARDOUS WASTE Federal Law Prohibits Improper Disposal!</p>

If found, contact: UMKC Police, 235-1 5 15
UMKC Office of CBARS, 235-1642
U. S. Environmental Protection Agency (EPA)

6/96 GENERATOR FACILITY INFORMATION

University of Missouri-Kansas City
Treatment, Storage and Disposal Facility
5010 Troost Ave., Kansas City, MO **64110**

EPA ID# MOD-073-133-647
MODNR GEN ID# 001048 FACILITY ID# HH1105